

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584814

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
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25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/	/	/	/	/
37		/	/	/	/	/
38		/	/	/	/	/
39		/	/	/	/	/
40		/	/	/	/	/
41		/	/	/	/	/
42		/	/	/	/	/
43		/	/	/	/	/
44		/	/	/	/	/
45		/	/	/	/	/
46		/	/	/	/	/
47		/	/	/	/	/
48		/	/	/	/	/
49		/	/	/	/	/
50		/	/	/	/	/
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	34	↓	14	↓	14	↓
TOTAL CLAIMS	35		15		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
TOTAL IND.		↓	0	↓	0	↓
TOTAL DEP.		↓	18	↓	18	↓
TOTAL CLAIMS			18		18	